



# Material Shipping Record & Log

For the shipment of contaminated soil, urban fill, and dredge materials not subject to management under section 310 CMR 40.0035 nor manifesting under 310 CMR 30.000

BEVBUD101909

Tracking Number

## A. Location Information

**Important:**

When filling out forms on the computer, use only the tab key to move your cursor - do not use the return key.



1. Provide the following information on the location where the waste was generated:

City of Beverly, Massachusetts-Street Sweeping & Catch Basin Cleanings

Release name (optional)

148 Park Street

Street

Beverly

City/Town

DPW Yard

Location aid

MA

State

01915

Zip code

2. Date/Period of generation: 1-1-10

From

12-31-10

To

3. U.S. EPA ID number: NA

4. 21E release:

☐ Yes

☒ No

5. List additional tracking documents associated with this document:

None

## B. Generator Information

1. Provide the following generator information:

City of Beverly, MA

Name of organization

Mr. Michael Geisser, PE, LSP

Contact name

148 Park Street

Street address

MA

State

01915

Zip code

Agent

Title

Beverly

City/Town

617-492-6500

Telephone number(including extension)

## C. Owner and/or Operator Information

1. If the owner and/or operator is different from the generator as indicated in Section B, provide the following information:

Check applicable: ☒ owner ☒ operator

Name of organization

Contact name

Title

Street address

City/Town

State

Zip code

Telephone number

Ext.

**Important:**

This form is not to be used for the shipment of remediation wastes subject to management under section 310 CMR 40.0035 of the Massachusetts Contingency Plan nor is it to be used in lieu of a hazardous waste manifest for hazardous waste or recyclable materials subject to the Massachusetts Hazardous Waste Regulations 310 CMR 30.000.



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## D. Transporter/Common Carrier Information

1. Provide the following information:

Wright Industries Inc.

Transporter/Common carrier name

Hazardous waste license number (if applicable)

Paul Wright

Contact person

22 Western Ave.

Street

Essex,

City/Town

978-807-4888

Telephone number

Licensing state (if applicable)

Owner

Title

MA

State

01929

Zip code

Ext.

## E. Receiving Facility Information

1. Provide the following information on the receiving facility:

Titcomb Pit Landfill

Operator/Facility name

Jon Simpson

Contact person

Route 150 (Exit 54 off 495 North

Street

Amesbury

City/Town

857-246-6800

Telephone number

Project Manager

Title

MA

State

01913

Zip code

201

Ext.

2. Type of facility:

☐ asphalt batch/cold mix☐ asphalt batch/hot mix☐ landfill/disposal☐ landfill/ daily cover☐ thermal processing☐ landfill/structural fill☒ other(specify): Grading & Shaping Soils

3. Permit number: W102250



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Check all that apply:

1. a. ☐ soil ☐ dredge material ☐ fill

b. Description: \_\_\_\_\_

c. Classification: ☐ MIT ☐ USDA ☐ USAEC ☐ ASEE

2. ☒ Other(describe): Street Sweepings and Catch Basin Cleanings

3. Type of contamination:

a. ☐ gasoline ☐ diesel fuel ☐ #2 oil ☐ #4 oil  
☐ #6 oil ☐ waste oil ☐ kerosene ☐ jet fuel

b. ☐ Debris:

☐ demolition ☐ vegetative ☐ inorganic

c. ☒ Other(describe): BUD Approved Material

4. Constituents of concern (check all that apply):

<input checked="" type="checkbox"/> As	<input type="checkbox"/> HVOCs
<input checked="" type="checkbox"/> Cd	<input type="checkbox"/> PATH
<input checked="" type="checkbox"/> Cr	<input checked="" type="checkbox"/> VOCs
<input checked="" type="checkbox"/> Pb	<input checked="" type="checkbox"/> PAHs
<input checked="" type="checkbox"/> Hg	<input type="checkbox"/> BNAs
<input type="checkbox"/> Na	<input checked="" type="checkbox"/> TPH
<input checked="" type="checkbox"/> PCBs	<input checked="" type="checkbox"/> Other(describe): <u>Conductivity</u>

5. Analyses performed (check all that apply):

<input checked="" type="checkbox"/> As	<input type="checkbox"/> PATH
<input checked="" type="checkbox"/> Cd	<input checked="" type="checkbox"/> VOCs
<input checked="" type="checkbox"/> Cr	<input checked="" type="checkbox"/> PAHs
<input checked="" type="checkbox"/> Pb	<input type="checkbox"/> BNAs
<input checked="" type="checkbox"/> Hg	<input checked="" type="checkbox"/> TPH
<input type="checkbox"/> Na	<input type="checkbox"/> TCLP (inorganic)
<input checked="" type="checkbox"/> PCBs	<input type="checkbox"/> TCLP (organic)
<input type="checkbox"/> HVOCs	<input checked="" type="checkbox"/> Other(describe): <u>Conductivity</u>

6. Screening performed:

Type \_\_\_\_\_

Instrument used \_\_\_\_\_

Constituents \_\_\_\_\_



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## F. Description of Material (cont.)

7. Estimated volume of materials:

1000

Cubic yards

1500

Tons

Other(specify units)

8. Contaminant source (check one):

☐ transportation accident

☐ ust

☒ other(describe): Street Sweepings and  
Catch Basin Cleanings

9. Indicate which waste characterization support documentation is attached:

☒ site history information

☒ sampling and analytical methods/procedure

☒ laboratory data

☐ field screening data

If supporting documentation is not appended, provide an attachment stating the date and in connection  
with what document such information was previously submitted to the facility.

## G. Qualified Environmental Professional Opinion

"I have personally examined and am familiar with the information contained on and submitted with this form. Based on this information, it is my opinion that the testing and assessment actions undertaken were adequate to characterize the waste, and that the facility or location can accept wastes with the characteristics described in this submittal. I am aware that significant penalties including, but not limited to, possible fines and imprisonment may result if I willfully submit information which I know to be false, inaccurate, or materially incomplete."

Alliance Environmental Group. Inc.

Name of organization

Michael F. Geisser, PE, LSP

Name of professional

Senior Professional

Title

617-492-6500

Telephone number

16

Ext.

[Signature]

Signature

7-13-11

Date

6997

License number

Seal: